

Students and graduates of U.S. and Canadian medical schools are registered for Step 2 by the
NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME)
 1350 Market Street, Philadelphia, Pennsylvania 19104-3190
 Telephone: (215) 590-9700

STEP 2 CLINICAL KNOWLEDGE (CK) SCORE REPORT

Solier, Stephanie Paula

Test Date: January 17, 2007

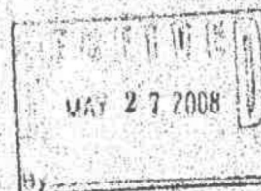
USMLE ID: [REDACTED]

The USMLE is a single examination program consisting of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 2 is designed to assess whether an examinee can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision, including emphasis on health promotion and disease prevention. The inclusion of Step 2 in the USMLE is required to ensure that the attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine. There are two components to Step 2: a Clinical Knowledge (CK) examination and a Clinical Skills (CS) examination. This report represents results for the Step 2 CK examination only. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numerical scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 2 CK on the test date shown above.

This result is based on the minimum passing score set by USMLE for Step 2 CK. Individual licensing authorities may accept the USMLE recommended pass/fail result or may establish a different passing score for their own jurisdictions.

This score is determined by your overall performance on Step 2 CK. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 221 and 24, respectively, with most scores falling between 140 and 260. A score of 182 is set by USMLE to pass Step 2 CK. The standard error of measurement (SEM) for this scale is seven points.

This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 182 on the scale described above, is set by USMLE to pass Step 2 CK. The SEM for this scale is three points.



Your score is influenced both by your general understanding of clinical science and by your test-taking skills. The National Board of Medical Examiners (NBME) provides an index of the variation in scores that would be expected to occur if an examinee were given repeated versions of the test. This index is available upon request.



UNITED STATES MEDICAL LICENSING EXAMINATION

Students and graduates of U.S. and Canadian medical schools are registered for Step 1 by the
NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)
3750 Market Street, Philadelphia, Pennsylvania 19104-3190
Telephone: (215) 590-9700

STEP 1 SCORE REPORT

Sober, Stephanie Paula

Test Date: February 13, 2008

USMLE ID: [REDACTED]

The USMLE is a single examination program consisting of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 1 is designed to assess whether an examinee understands and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy. The inclusion of Step 1 in the USMLE sequence is intended to ensure mastery of not only the sciences required for maintenance of competence through lifelong learning. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 1 on the test date shown above.

[REDACTED] This result is based on the minimum passing score set by USMLE for Step 1. Individual licensing authorities may accept the USMLE recommended pass/fail result or may establish a different passing score for their own jurisdictions.

[REDACTED] This score is determined by your overall performance on Step 1. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 216 and 24, respectively, with most scores falling between 140 and 260. A score of 182 is set by USMLE to pass Step 1. The standard error of measurement (SEM)¹ for this scale is six points.

[REDACTED] This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 182 on the scale described above, is set by USMLE to pass Step 1. The SEM¹ for this scale is two points.



(Your score is influenced by your personal understanding of the test, by individual examinees and the appropriate set of items you test for this Step 1 examination. The Standard Error of Measurement (SEM) provides a measure of the variation in scores that would be expected to occur if an examinee were to retake the examination under the same conditions.)

07 488619

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

Training Level
Level 1

Effective Date
06/18/2007

Expiration Date
06/17/2008

License Number

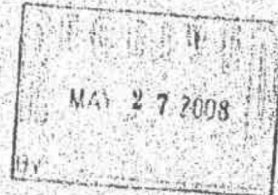


License Type
Graduate Medical Trainee
Obstetrics and Gynecology

STEPHANIE PAULA SOBER
PENNSYLVANIA HOSPITAL
MARY MARTINO, COORDINATOR
ACADEMIC AFFAIRS OFFICE
100 SPRUCE STREET
PHILADELPHIA PA 19107

Stephanie Sober
Signature

David L. Mendenhall
Commissioner of Professional and Occupational Affairs



Person Info

Name:STEPHANIE PAULA SOBER

Address Info

Street Address

Email:

Phone

Fax

City

State

Zipcode

Country

County

Survey Response Summary

Question Response Summary

Are you submitting a name change with this renewal?

N

Have you met your current CE requirements?

Y

Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?

N

Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?

Y

If you answered yes to the above questions, please provide the profession and state or jurisdiction.

MD PA

Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?

N

Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?

N

Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?

N

Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.

Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?

Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?

N

Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

N

Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?

N

Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

N

Since your initial application or last renewal, whichever is later, have you engaged in the interperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?

If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?

Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?

N

If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:

Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?

Y

If you answer "No", please provide an explanation or reason for an exemption request.

Date Submitted: Tuesday, December 09, 2014

Education Info

No education records

Employment Information

No employment records

Person Info

Name:STEPHANIE PAULA SOBER

Address Info

Street Address:

Email:

Phone

Fax

City

State

Zipcode

Country

County

Survey Response Summary

Question Response Summary

Are you submitting a name change with this renewal?	N
Have you completed your current CE requirements?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction.	MD Pennsylvania, MD New Jersey
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the interperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	
Please provide the zip code of your primary employer/practice location. This data is being collected for the purpose of identifying healthcare professionals during state emergencies and may be provided to the Pennsylvania Emergency Management Agency for official use only.	19107

Date Submitted: Thursday, December 08, 2016

Education Info

No education records

Employment Information

No employment records

Person Info

Name:STEPHANIE PAULA SOBER

Address Info

Street Address:

Email:

Phone

Fax

City

State

Zipcode

Country

County

Survey Response Summary
Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to	N

the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
Have you met your current CE requirements?	Y
Education Information	
<div> Edit </div> <div> <div> <div>Profession:</div> <div>Medicine</div> </div> <div> <div>School:</div> <div>UNIV OF PA</div> </div> <div> <div>Credit Hours:</div> <div></div> </div> <div> <div>Education Type:</div> <div></div> </div> </div> <div> <div>From:</div> <div>8/13/2003</div> <div>To:</div> <div>5/14/2007</div> </div>	
Employment Information	
No employment records	
remarks Remarks: Continuing Education Information	
No CE Course records	

Person Info Name: STEPHANIE PAULA SOBER Address Info Street Address [REDACTED] Email: [REDACTED] Phone [REDACTED] Fax [REDACTED] City [REDACTED] State [REDACTED] Zipcode [REDACTED] Country [REDACTED] County [REDACTED]	
Survey Response Summary Question Response Summary	
Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	[REDACTED]
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	[REDACTED]
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to	N

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Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y																
Have you met your current CE requirements?	Y																
Education Information																	
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